CookChildren's Health Plan

Provider Information Change Form

Please type or print legibly to avoid processing delays.

☐ **Participating Provider** ☐ **Non-participating Provider**

Current Provider Information

Provider Name: _____ Email: _____

Specialty: _____ NPI: _____ Tax ID: _____

Provider Change Information

This change affects:

☐ Group practice ☐ Individual Provider ☐ Institution/Facility ☐ Date change will take effect: _____ / _____ / _____
Month Date Year

Type of Change (Please check all that apply)

☐ Add TIN
☐ Deactivate TIN
☐ Change TIN
☐ Add billing address
☐ Change billing address
☐ Add service address
☐ Change service address
☐ Delete service address
☐ Change name (group or physician): _____
☐ Change or add hospital affiliation: _____
☐ Add specialty: _____
☐ Add practicing services: _____

New Demographic Information

New Service Information:
(If more than one location, attach additional form for each location)
Primary service location? ☐ Yes ☐ No
Individual name: _____
Group name: _____
Address: _____
City: _____ State: _____ Zip code: _____
Telephone: _____
Fax: _____ Tax ID: _____

New Billing Information:
(W-9 form must be submitted with all Tax ID updates)
Name: (As shown on your income statement)
_____
Address: _____
City: _____ State: _____ Zip code: _____
Telephone: _____
Fax: _____ Tax ID: _____
NPI: _____

Old Demographic Information

Old Service Information:
(If more than one location, attach additional form for each location)
Primary service location? ☐ Yes ☐ No
Individual name: _____
Group name: _____
Address: _____
City: _____ State: _____ Zip code: _____
Telephone: _____
Fax: _____ Tax ID: _____

Old Billing Information:
Name: (As shown on your income statement)
_____
Address: _____
City: _____ State: _____ Zip code: _____
Telephone: _____
Fax: _____ Tax ID: _____
NPI: _____

Print name and title of authorized signature: _____

Authorized signature: _____ Date: _____

Title: _____ Email: _____

Telephone: _____ Fax: _____

Please allow ten (10) business days to process your request. Tax ID updates cannot be processed without a properly completed W-9 form.

Please fax or email completed form with additional documents to:

Fax: 682-885-8403 | Email: CCHPNetworkDevelopment@cookchildrens.org

SUBMIT REQUEST